



STUDENT RECORDS WILL NOT BE RELEASED UNTIL
OUTSTANDING OBLIGATIONS ARE CLEARED BY THE STUDENT!

Name: _____
Last First Middle or MI

Phone: () _____-_____. Date of Birth: _____

Address: _____
Street or PO Box Number
City State Zip
Student ID Number: _____ or last four of SS# XXX-XX-_____

Name while enrolled, if different from above: _____

Should we: _____ Issue same day _____ Hold until end of semester
_____ Issue next day _____ Hold until graduation
Same day service incurs an additional \$5.00 fee per copy

Last term enrolled: YEAR: _____ choose one: ___ Fall ___ Spring ___ Summer

Picking up your transcript:

___ I will be picking up my transcript. YOU MUST BRING PHOTO ID!

___ Please allow the person listed below to pick up my transcript. By signing this form, I am authorizing the person listed below to receive my transcript. (This person must have a photo ID to pick up your transcript.) Allow 3-5 business days.

Print name of person picking up transcript _____

___ Have my transcript mailed to the address below:

MAIL TO: _____
Name/Organization

Address

City State Zip

TRANSCRIPTS	___ Curriculum (college)	\$ 5.00
REQUESTED:	___ Continuing Education	\$ 5.00
	___ Adult High School (not GED)	\$ 5.00
	___ Same Day Fee	\$ 5.00
	TOTAL:	\$ _____

Mailed payments can be made by money order only. Cash or credit card (MasterCard or Visa) payments can be made in the Cashier's Office, Building 2.

Signature: _____

Date: _____

Mail transcript request to: Robeson Community College, Business Services, PO Box 1420, Lumberton, NC 28359 or Email to: registrar@robeson.edu. To arrange payment by VISA/MasterCard after form is emailed or faxed: 910-272-3453.

For Office Use Only
Transcript Fee Received _____ Receipt # _____ Amount Paid _____
PERC checked for payment _____ Received by: _____ (BO staff signature)